

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H23000284381 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES OF NELSON & NELSON, P.A.
Account Number : I20230000119
Phone : (305)932-2000
Fax Number : (305)932-6585

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ALEXANDRA@ESTATETAXLAWYERS.COM

RECEIVED

2023 AUG 16 PM 12:06

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
157TH KENDALL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2023 AUG 15 AM 8:56

FAX AUDIT NUMBER: H23000284381 3

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA****SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: 157th Kendall LLCEnter new principal office address, if applicable: 3615 NW 2nd AvenueMiami, Florida 33127**(Principal office address
MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

3615 NW 2nd Avenue**(Mailing address)****MAY BE A POST OFFICE BOX)**Miami, Florida 33127

2. The Florida document number of this limited liability company is:
- MI1000002770

3. Jurisdiction of its organization:
- Delaware

4. Date authorized to do business in Florida:
- May 31, 2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
-
- (must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records,
- enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Spencer KramerNew Registered Office Address: 3615 NW 2nd AvenueEnter Florida Street AddressMiamiCityFlorida 33127Zip Code**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Jane Moscovitz and Norman Moscovitz, as Trustees of the Kandy Kramer 2012 Irrevocable Trust w/a/d December 28, 2012	1801 West 27th Street	☐ Add
		Miami, Florida 33140	☒ Remove
MGRM	Spencer Kramer, as Trustee of the Kandy Kramer 2012 Irrevocable Trust w/a/d December 28, 2012	3615 Northwest 2nd Avenue	☒ Add
		Miami, Florida 33127	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


 Signature of the authorized representative
 Spencer Kramer
 Typed or printed name of signee

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